

<i>Index of Claims</i>	Application/Control No.	Applicant(s)/Patent Under Reexamination
	10522538	FORSELL, PETER
	Examiner	Art Unit
	Samuel G Gilbert	3735

✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant			<input type="checkbox"/> CPA	<input type="checkbox"/> T.D.	<input type="checkbox"/> R.1.47	
CLAIM			DATE			
Final	Original	09/23/2009	06/14/2010			
1	-	-				
2	-	-				
3	-	-				
4	-	-				
5	-	-				
6	-	-				
7	-	-				
8	-	-				
9	-	-				
10	-	-				
11	-	-				
12	-	-				
13	-	-				
14	-	-				
15	-	-				
16	-	-				
17	-	-				
18	-	-				
19	-	-				
20	-	-				
21	-	-				
22	-	-				
23	-	-				
24	-	-				
25	-	-				
26	-	-				
27	-	-				
28	-	-				
29	-	-				
30	-	-				
31	+	✓				
32	+	✓				
33	+	N				
34	+	N				
35	+	N				
36	+	N				

<i>Index of Claims</i>		Application/Control No.		Applicant(s)/Patent Under Reexamination	
		10522538		FORSELL, PETER	
Examiner		Art Unit			
Samuel G Gilbert		3735			

✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

Claims renumbered in the same order as presented by applicant CPA T.D. R.1.47

CLAIM		DATE					
Final	Original	09/23/2009	06/14/2010				
	37	+	N				
	38	+	N				
	39	+	N				
	40	+	N				
	41	+	N				
	42	+	N				
	43	+	N				
	44	+	N				
	45	+	N				
	46	+	N				
	47	+	N				
	48	+	N				
	49	+	N				
	50	+	N				
	51	+	N				
	52	+	N				
	53	+	N				
	54	+	N				
	55	+	N				
	56	+	N				
	57	+	N				
	58	+	✓				
	59	+	✓				
	60	+	✓				
	61	+	✓				
	62	+	✓				
	63	+	✓				
	64	+	✓				
	65	+	N				
	66	+	N				
	67	+	N				
	68	+	N				
	69	+	N				
	70	+	N				
	71	+	N				
	72	+	N				

<i>Index of Claims</i>	Application/Control No.	Applicant(s)/Patent Under Reexamination
	10522538	FORSELL, PETER
	Examiner	Art Unit
	Samuel G Gilbert	3735

✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant			<input type="checkbox"/> CPA	<input type="checkbox"/> T.D.	<input type="checkbox"/> R.1.47	
CLAIM			DATE			
Final	Original	09/23/2009	06/14/2010			
	73	+	N			
	74	+	N			
	75	+	N			
	76	+	N			
	77	+	N			
	78	+	N			